

Superior Court of California,  
County of Monterey

Unclaimed Funds  
CLAIM FORM

I certify that I am \_\_\_\_\_

Listed in the publication's \_\_\_\_\_

NOTICE OF UNCLAIMED FUNDS under Account Number \_\_\_\_\_

The following information is provided to assist in the validation of my claim to monies to be paid under the above stated account number as published. ***You will be required to show a picture ID.***

Social Security Number \_\_\_\_\_

Case Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Defendant's Name \_\_\_\_\_

Present Home Telephone  
Number \_\_\_\_\_

Present Work Telephone \_\_\_\_\_

Mailing addresses for the past ten (10) years (must be provided) Use extra pages if needed.

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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**Unclaimed Funds  
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Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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